

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3						
4						
5		1				
6						
7						
8		7				
9	1					
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25		10				
26	1					
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35	1					
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		8				
44	1					
45		1				
46		1				
47		1				
48		1				
49	1	1				
50		1				
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

55
6
15
7
7
5
2

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51	1											
52		1										
53												
54		3										
55	1											
56												
57												
58												
59												
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96												
97												
98												
99												
100												
TOTAL IND.	7		↓		↓		↓		↓		↓	
TOTAL DEP.	83		←		←		←		←		←	
TOTAL CLAIMS	90											